

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 10, 2023

Gena Payne
Passion and Caring Home for the Elderly
570 E. Grand Blvd.
Detroit. MI 48207

RE: License #: AH820260951

Passion and Caring Home for the Elderly

570 E. Grand Blvd. Detroit, MI 48207

Dear Ms. Payne:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed, effective 8/11/2023 – 8/10/2024. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at 877-458-2757.

Sincerely,

Brender Howard, Licensing Staff

Grander J. Howard

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(313) 268-1788

enclosure

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

#### I. IDENTIFYING INFORMATION

**License #:** AH820260951

**Licensee Name:** Passion and Caring Home for the Elderly,

LLC

**Licensee Address:** 570 E. Grand Blvd

Detroit, MI 48207

**Licensee Telephone #:** (313) 923-0170

**Authorized Representative/** 

Administrator:

Gena Payne

Name of Facility: Passion and Caring Home for the Elderly

**Facility Address:** 570 E. Grand Blvd.

Detroit, MI 48207

**Facility Telephone #:** (313) 923-0170

Original Issuance Date: 11/18/2003

Capacity: 46

Program Type: AGED

## **II. METHODS OF INSPECTION**

Date of O	n-site Inspection	(s): 10/10/2023		
Date of B	ureau of Fire Ser	vices Inspection if applicable:	2/1/2023, 4/4/2023	
Inspection	า Туре:	☐Interview and Observation ☐Combination	⊠Worksheet	
Date of E	xit Conference:	10/10/2023		
No. of res	off interviewed and sidents interviewed ers interviewed	d/or observed ed and/or observed 0 Role	3 18	
• Medi	cation pass / sim	ulated pass observed? Yes $oxtime$	No ☐ If no, explain.	
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. No residents' funds held for this home.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>				
<ul> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain.</li> <li>Staff interviewed on the policy and procedures.</li> <li>Water temperatures checked? Yes ☒ No ☐ If no, explain.</li> </ul>				
• Corre	ective action plans s for this home.	ıp? Yes ☐ IR date/s: N/. compliance verified? Yes ☐	CAP date/s and rule/s: No	
<ul> <li>Numb</li> </ul>	er of excluded e	mployees followed up?	N/A 🔀	

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

Renewal of the license is recommended.

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

#### IV. RECOMMENDATION

Grander d. Howard	10/10/2023
Licensing Consultant	Date